

PROJECT 10373 RECORD

| | |
|--|---|
| 1. DATE-TIME GROUP 7 Nov 67 07/1220Z | 2. LOCATION Pottstown, Pennsylvania (1 Witness) |
| 3. SOURCE Civilian | 10. CONCLUSION Other (UNRELIABLE REPORT) |
| 4. NUMBER OF OBJECTS One | The observer had seen many flying saucers before. During the sighting the observer was in the living room. He called his mother but she would not come to see because she didn't want to be involved in a joke. |
| 5. LENGTH OF OBSERVATION 20 Minutes | 11. BRIEF SUMMARY AND ANALYSIS The observer sighted an object that looked like a target used at a skeet-shoot. It had two tail fins and some engine ducts but no smoke or vapor. The observers cats were restless during the sighting but calmed down after it left. |
| 6. TYPE OF OBSERVATION Ground-Visual | |
| 7. COURSE N - NE | |
| 8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

| 11. CONDITIONS (Check appropriate blocks.) | | |
|---|--|-----------------------|
| A. SKY | B. WEATHER | |
| <input checked="" type="checkbox"/> DAY | <input checked="" type="checkbox"/> CUMULUS CLOUDS (Low fluffy) | FOG OR MIST |
| <input type="checkbox"/> TWILIGHT | <input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone) | HEAVY RAIN |
| <input type="checkbox"/> NIGHT | <input type="checkbox"/> NIMBUS CLOUDS (Rain) | LIGHT RAIN OR DRIZZLE |
| <input type="checkbox"/> CLEAR | <input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms) | HAIL |
| <input checked="" type="checkbox"/> PARTLY CLOUDY | <input type="checkbox"/> HAZE OR SMOG | SNOW OR SLEET |
| <input type="checkbox"/> COMPLETELY OVERCAST | | UNKNOWN |
| | | NONE OF THE ABOVE |

| C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON? | | |
|--|---|---------------------------------------|
| (1) STARS | (2) MOON | |
| <input type="checkbox"/> NONE | <input type="checkbox"/> BRIGHT MOONLIGHT | <input type="checkbox"/> NO MOONLIGHT |
| <input type="checkbox"/> A FEW | <input type="checkbox"/> MOON WITH HALO | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> MANY | <input type="checkbox"/> MOON HIDDEN BY CLOUDS | |
| <input type="checkbox"/> UNKNOWN | <input type="checkbox"/> PARTIAL (New or quarter) | |

| D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON? | | |
|--|--|---|
| <input checked="" type="checkbox"/> IN FRONT OF YOU | <input type="checkbox"/> TO YOUR RIGHT | <input type="checkbox"/> OVERHEAD (Near noon) |
| <input type="checkbox"/> IN BACK OF YOU | <input type="checkbox"/> TO YOUR LEFT | <input type="checkbox"/> UNKNOWN |

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

Sun - (5) ← OBJECT

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

It was a very dark gray. It looked like the heat shield on the Gemini capsule after re-entry. It was solid and the edges were sharp. It was like two saucers glued together with a strip of something in the middle.



| 13. | DID THE PHENOMENON | YES | NO | UNKNOWN |
|-----|---------------------------------|-------------------------------------|-------------------------------------|---------|
| | MOVE IN A STRAIGHT LINE? | | <input checked="" type="checkbox"/> | |
| | STAND STILL AT ANYTIME? | | <input checked="" type="checkbox"/> | |
| | SUDDENLY SPEED UP AND RUN AWAY? | <input checked="" type="checkbox"/> | | |
| | BREAK UP IN PARTS AND EXPLODE? | | <input checked="" type="checkbox"/> | |
| | CHANGE COLOR? | | <input checked="" type="checkbox"/> | |
| | GIVE OFF SMOKE? | | <input checked="" type="checkbox"/> | |
| | CHANGE BRIGHTNESS? | | <input checked="" type="checkbox"/> | |
| | CHANGE SHAPE? | | <input checked="" type="checkbox"/> | |
| | FLASH OR FLICKER? | | <input checked="" type="checkbox"/> | |
| | DISAPPEAR AND REAPPEAR? | | <input checked="" type="checkbox"/> | |
| | SPIN LIKE A TOP? | | <input checked="" type="checkbox"/> | |
| | MAKE A NOISE? | | <input checked="" type="checkbox"/> | |
| | FLUTTER OR WOBBLE? | <input checked="" type="checkbox"/> | | |

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

In the back of the craft, there were "engine ducts"? but no smoke or vapor. Had no flame or flashing colored lights.

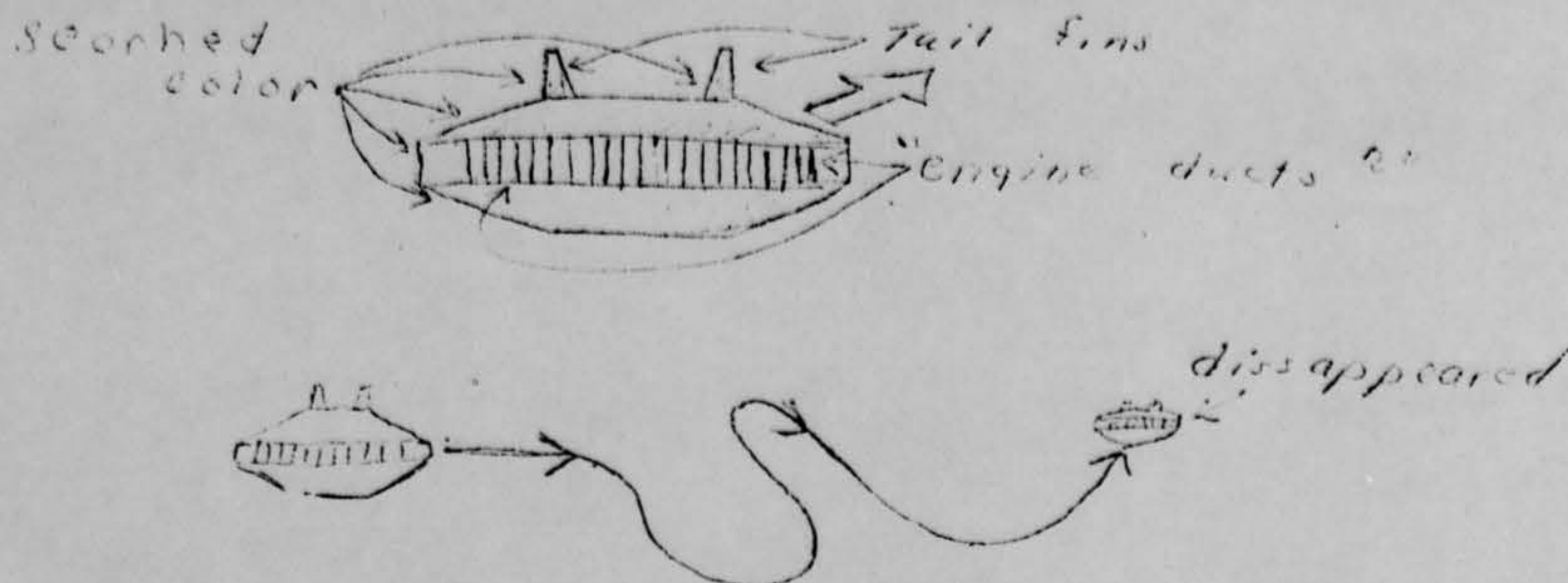
A. HOW DID IT FINALLY DISAPPEAR?

It flew in a zig-zag line disappeared from view.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☒ YES ☐ NO. IF "YES," DESCRIBE.

It flew out from a cloud and in front of one. It also flew over in front of some trees and a house.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

| | |
|---|--|
| <input checked="" type="checkbox"/> EYEGLASSES | <input type="checkbox"/> CAMERA VIEWER |
| <input type="checkbox"/> SUNGLASSES | <input type="checkbox"/> BINOCULARS |
| <input type="checkbox"/> WINDSHIELD | <input checked="" type="checkbox"/> TELESCOPE 5x40 |
| <input type="checkbox"/> SIDE WINDOW OF VEHICLE | <input type="checkbox"/> THEODOLITE |
| <input type="checkbox"/> WINDOWPANE | <input type="checkbox"/> OTHER |

A. DO YOU ORDINARILY WEAR GLASSES? ☒ YES ☐ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. Slow

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. 30-40 ft

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

It looked like a target used at a "sketch" shoot.

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☒ YES ☐ NO. IF "YES," DESCRIBE.

Our two cats were very restless when I sighted it & when it was gone they calmed down.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

| | | | |
|--|--------|--|---------------------------------|
| 22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION. | | | |
| 23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? | | | |
| A. LIST THEIR NAMES AND ADDRESSES | | | |
| 24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF | | | |
| LAST NAME, FIRST NAME, MIDDLE NAME | | | |
| <div style="background-color: black; height: 15px; width: 100%;"></div> | | | |
| ADDRESS (Street, City, State and Zip Code) | | | |
| <div style="background-color: black; height: 15px; width: 100%;"></div> Pennsylvania, 194204 | | | |
| TELEPHONE (Area and Number) | AGE | <input checked="" type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <div style="background-color: black; height: 15px; width: 100%;"></div> | 13 | | |
| INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT. | | | |
| | | | |
| 25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON? | | | |
| NAME <div style="background-color: black; height: 15px; width: 100%;"></div> | DAY 7 | MONTH Nov | YEAR 1967 |
| 26. DATE YOU COMPLETED THIS QUESTIONNAIRE. | | | |
| | DAY 26 | MONTH Nov | YEAR 1967 |

Has sight 22 OCT.

11/13/67
November 13, 1967

UFO INVESTIGATIONS CENTER
WRIGHT-PATTERSON AIR FORCE BASE
DAYTON, OHIO

DEAR GENTLEMEN,

My friend, [REDACTED] has given me your address because we have both seen many flying saucers. He told me that if I wrote to you, you would send me a form to fill out about it. I would be very gratefull if you sent me a form to fill out on the UFO I saw on 11/7/67 at 7:20 A.M.

Sincerely yours,

Mr. [REDACTED]

[REDACTED]

POTTSTOWN, PENNASYLVANIA
19464

Also mentioning to Betty by [REDACTED]

PROJECT 001 RECORD

| | | | |
|--------------------------|--|---|--|
| 1. DATE | | 2. LOCATION | |
| 7 Nov 67 | | Pottstown, Pennsylvania | |
| 3. SOURCE | | 10. COMMENTS | |
| UNRECORDED | | MISSING DATA | |
| 4. NUMBER OF SUBJECTS | | 11. BRIEF SUMMARY AND ANALYSIS | |
| One | | | |
| 5. LENGTH OF OBSERVATION | | | |
| Not Reported | | | |
| 6. TYPE OF OBSERVATION | | | |
| Ground-Visual (Assumed) | | <p>No information on sighting at all. Additional information requested but not returned.</p> <p><i>Re-evaluated</i></p> | |
| 7. COURSE | | | |
| Not Reported | | | |
| 8. PHOTOS | | | |
| 9. PHYSICAL EVIDENCE | | | |
| D. Y. N. | | | |

7 Nov 67


29 APR 1968

TDPT (UFO) Lt Col Quintanilla/70916/mhs/29 Apr 68

UFO Observation, 7 November 1967

Pottstown Police Department
Pottstown, Pennsylvania 19464

1. The Aerial Phenomena Office is in receipt of an unidentified flying object (UFO) report from Pottstown, Pennsylvania, which occurred on 7 November 1967, at approximately 7:20 am.
2. The witness stated that he observed an object that "looked like two saucers glued together with a strip of something in the middle." The object was observed for ten minutes and at one point was only 30 to 50 feet high and was hovering over a house.
3. The sighting occurred at 7:20 am, on Rhoads Road, and the observer stated that there was no traffic on the road. Since we are not familiar with Rhoads Road, we would appreciate your opinion as to whether it is likely that traffic would not be on this road at what is usually the peak time for people going to work.
4. Did you receive any reports of unusual objects for this date? We would appreciate your comments as to a possible cause for this sighting.
5. Thank you for your assistance on this matter.

 HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

TDPT (UFO) OFFICIAL FILE CY

7 Nov 67

TDPT (UFO) Lt Col Quintanilla/70916/mhs/29 Apr 68

30 APR 1968

UFO Observation, November 7, 1967

[REDACTED]
Pottstown, Pennsylvania 19464

1. Reference your unidentified observation of November 7, 1967. In the AF Form 117 that you completed, you stated that you observed the UFO for approximately ten minutes and that it was about 30 to 50 feet high and over a house at least part of the time.

2. Request information on the following.

a. In question #7 of AF Form 117, you indicate that there was no traffic. By this, do you mean that there was no traffic on Rhoads Road during the ten minute interval? If not, what does it mean?

b. How far away from your home were you? How is it that you observed the object for ten minutes and didn't call anyone else's attention to it?

c. In your original letter you stated that you and Kevin Bender "have both seen many flying saucers." Yet, on the form you completed, you state that you had never observed a similar phenomenon before; please explain.

3. Thank you for your assistance in providing this additional information.

LECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
Self-addressed envelope

TDPT (UFO) OFFICIAL FILE CY

[REDACTED]
[REDACTED]
Pottstown, Pa. 19464

To: Wright-Patterson Afb,
Ohio 45433
Mr. Hector Quintanilla, Jr.

Mr. Quintanilla,

In reply to your request of information for
AF Form 117, are the necessary answers:

- 2a. There was little or no traffic at all at that interval
of time.
- 2b. I was in the living room at the time and called my mother
but she told me not get involved in telling jokes because
it was almost time to go to school.
- 2c. Most all of the phenomenon I have sighted were mostly
at night or dusk and this was the first type like that
that I have ever seen.

I hope I have given you the necessary
information.

Sincerely yours,

[REDACTED]
[REDACTED]
[REDACTED]
Pottstown, Pa. 19464

Pending

77600-67

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF:

TDPT/UFO

NOV 21 1967

SUBJECT:

UFO Observation, 7 November 1967

TO:

[REDACTED]
Pottstown, Pennsylvania 19464

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

[Signature]
JAMES C. MANATT, Colonel, USAF
Director of Production

1 Atch.
AF Form 117

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB OHIO 45433, IAW 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 3 MONTH Nov YEAR 1967

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 7:00 MINUTES 20 ☒ A.M. ☐ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

HOUR 7:00 MINUTES 30 ☒ A.M. ☐ P.M.

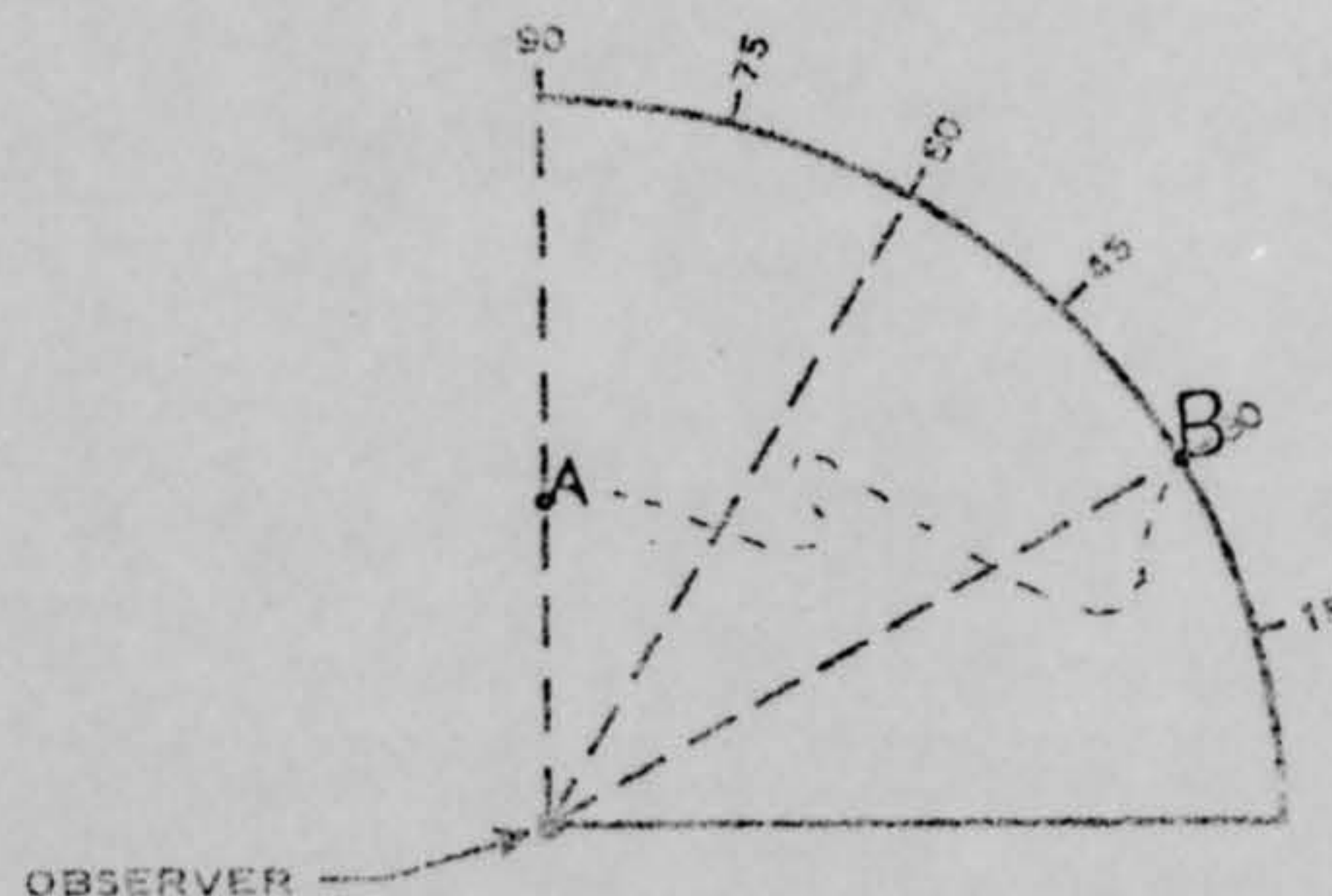
4. TIME/ZONE

☐ DAYLIGHT SAVINGS☒ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

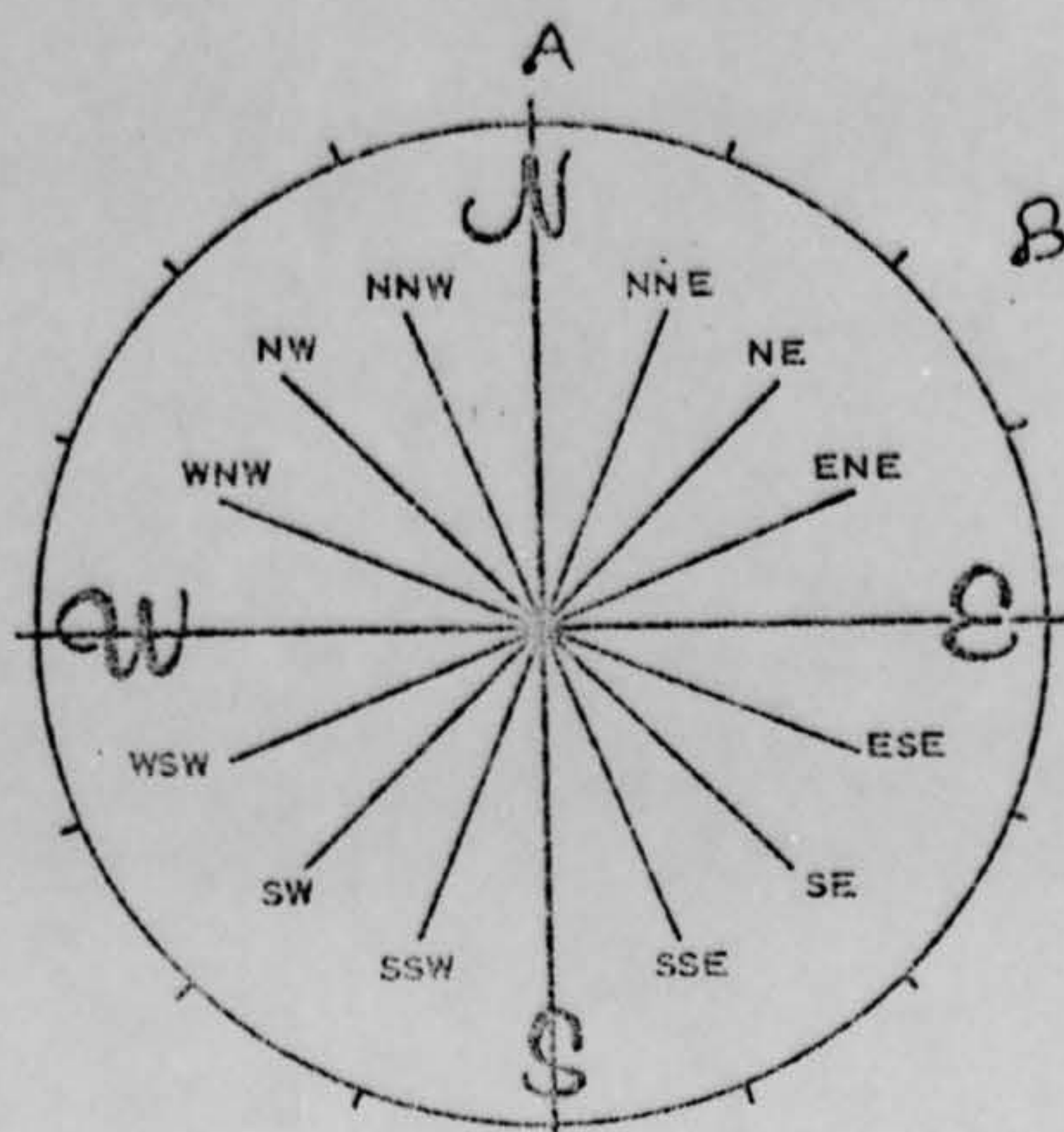
Observer
033807-20 17
House
30-5017
Rheads Road
OBSERVER

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH. PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

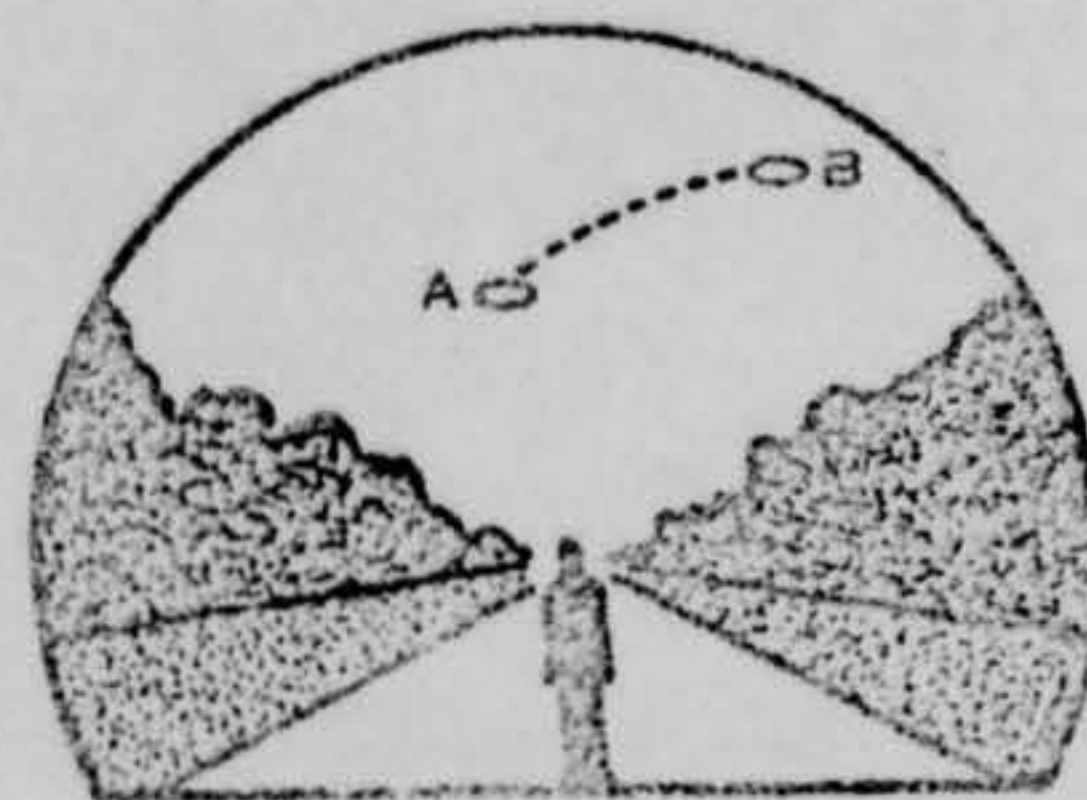
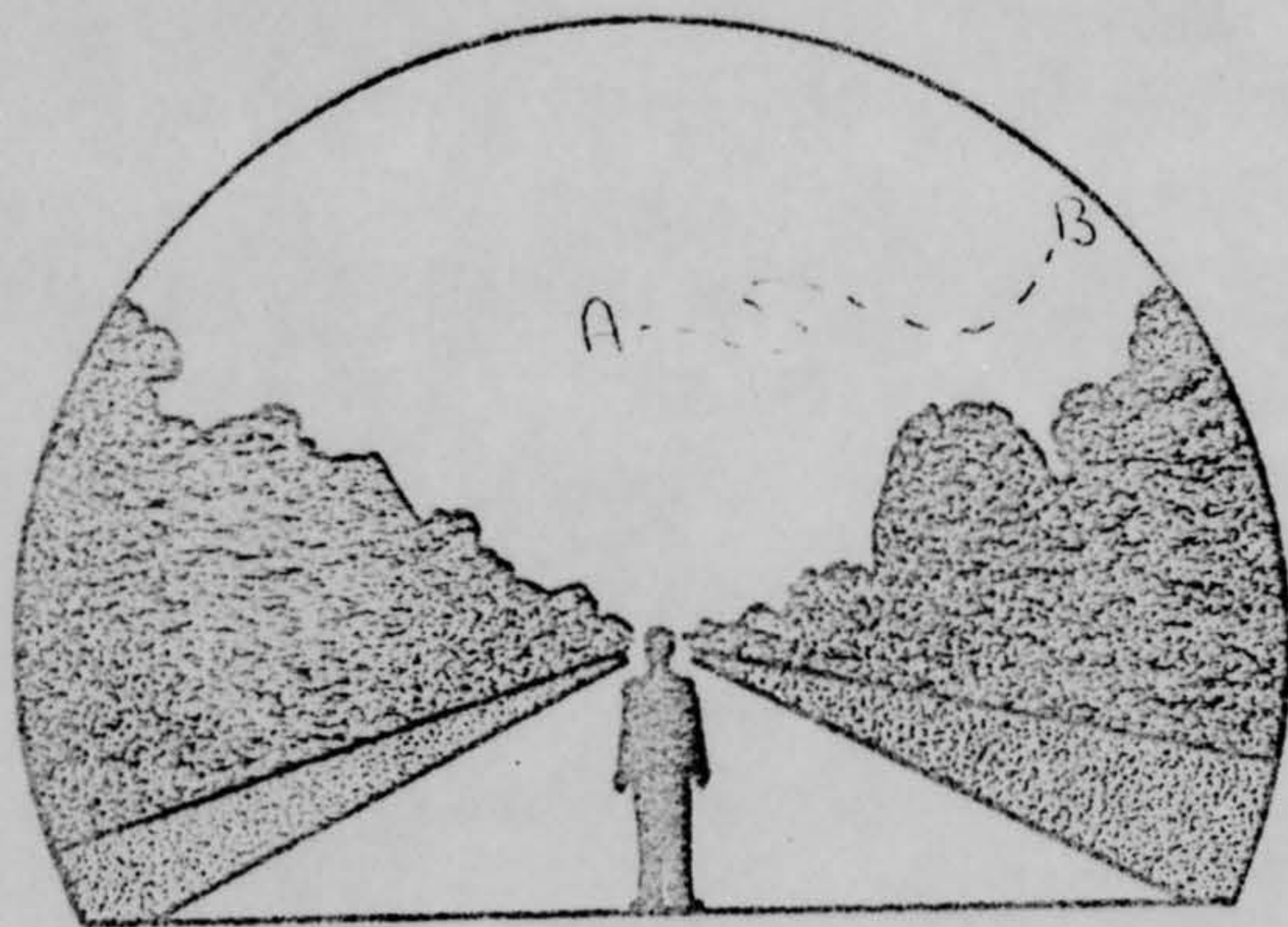


Have copies on Rockwell somewhere.
This 117 rec. Jan 1968

6A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



| 8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.) | | | |
|---|---|--|--|
| <input type="checkbox"/> OUTDOORS | <input type="checkbox"/> IN BUSINESS SECTION OF CITY | | |
| <input checked="" type="checkbox"/> IN BUILDING | <input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY | | |
| <input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> IN OPEN COUNTRYSIDE | | |
| <input type="checkbox"/> IN BOAT | <input type="checkbox"/> NEAR AIRFIELD | | |
| <input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER | <input type="checkbox"/> FLYING OVER CITY | | |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> FLYING OVER OPEN COUNTRY | | |
| | <input type="checkbox"/> OTHER | | |
| A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING: | | | |
| WHAT DIRECTION WERE YOU MOVING? | | HOW FAST WERE YOU MOVING? | |
| <input type="checkbox"/> NORTH | <input type="checkbox"/> EAST | DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <input type="checkbox"/> SOUTH | <input type="checkbox"/> WEST | | |
| <input type="checkbox"/> NORTHEAST | <input type="checkbox"/> SOUTHEAST | | |
| <input type="checkbox"/> NORTHWEST | <input type="checkbox"/> SOUTHWEST | | |
| EXPLAIN WHETHER SUCH MOVEMENT EFFECTS YOUR SKETCHES IN ITEMS 5 AND 6. <i>It started out slow, then it sped up and disappeared.</i> | | | |
| DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN. | | | |
| HOW MUCH OTHER TRAFFIC WAS THERE? <i>None</i> | | | |
| DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON. | | | |
| | | | |
| 9. HOW LONG WAS THE PHENOMENON IN SIGHT? | | | |
| LENGTH OF TIME <i>10 minutes</i> | <input checked="" type="checkbox"/> CERTAIN OF TIME | <input type="checkbox"/> NOT VERY SURE | |
| | <input type="checkbox"/> FAIRLY CERTAIN | <input type="checkbox"/> JUST A GUESS | |
| HOW WAS TIME DETERMINED? <i>7:20-7:30 = 10 min.</i> | | | |
| WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES. | | | |
| | | | |